

QUARTERLY STATEMENT

AS OF MARCH 31, 2016

OF THE CONDITION AND AFFAIRS OF THE

Meridian Health Plan of Michigan, Inc.

NAIC Group Code	4640	4640	NAIC Company Code	52563	Employer's ID Number	38-3253977
	(Current Period)	(Prior Period)				
Organized under the Laws o	f	Michigan	, State of Domi	icile or Port of Entry	Mic	chigan
Country of Domicile	U	nited States of America				
Licensed as business type:	Life, Accident & He Dental Service Cor Other[]	poration[] Visio	erty/Casualty[] n Service Corporation[] IO Federally Qualified? Yes[] N	Health Ma	Medical & Dental Service or Inc aintenance Organization[X]	lemnity[]
Incorporated/Organized		12/31/1995	Comme	enced Business	12/31/199	5
Statutory Home Office		1 Campus Martius, Suite 7	00		Detroit, MI, US 48226	
Main Administrative Office		(Street and Number)	1 Campus Ma	cartius, Suite 700	City or Town, State, Country and Zip	Code)
		troit, MI, US 48226	(Street ar	nd Number)	(313)324-3700	
		tate, Country and Zip Code)			(Area Code) (Telephone Num	nber)
Mail Address	(0.1) 0. 101111, 0	1 Campus Martius, Suite 7	00 ,		Detroit, MI, US 48226	
	-	(Street and Number or P.O. Bo		(C	City or Town, State, Country and Zip	Code)
Primary Location of Books a	nd Records		1 Camp	ous Martius, Suite 70	0	
			(S	Street and Number)	/	
		t, MI, US 48226			(313)324-3700	
Internet Web Site Address	(City or Town, S	tate, Country and Zip Code) www.mhplan.com			(Area Code) (Telephone Num	iber)
Statutory Statement Contact		Matthew Agnone			(313)324-3700	
		(Name)			(Area Code)(Telephone Number)(E	Extension)
	matthew.ag	gnone@mhplan.com			(313)324-1822	
	(E-	Mail Address)			(Fax Number)	
		Janid	P. Cotton Secretary Treasurer OTHERS CTORS OR TRUSTI	EES Karie Past	ernak	
County of War The officers of this reporting a herein described assets were related exhibits, schedules ar reporting entity as of the repostatement Instructions and Arreporting not related to accoundescribed officers also include.	the absolute property and explanations therein orting period stated ab accounting Practices a unting practices and pressures the related corresp	y of the said reporting entity, f n contained, annexed or refer ove, and of its income and de nd Procedures manual excep rocedures, according to the be conding electronic filing with the	they are the described officers of ree and clear from any liens or cla red to, is a full and true statemen ductions therefrom for the period to the extent that: (1) state law n est of their information, knowledgue NAIC, when required, that is ar is in lieu of or in addition to the end	aims thereon, except it of all the assets and l ended, and have be may differ; or, (2) that e and belief, respecti n exact copy (except	as herein stated, and that this a diabilities and of the condition en completed in accordance wis state rules or regulations requively. Furthermore, the scope of	statement, together with and affairs of the said ith the NAIC Annual re differences in f this attestation by the
<u>Jo</u> (P		a. ls 2016 b. lfr	(Signature) Sean P. Cotton (Printed Name) 2. Secretary (Title) his an original filing?	number	(Signature) Janice Torosiar (Printed Name) 3. Treasurer (Title) Yes[X] No[]	1
	,		Date filed Number of pages attact			_ _

(Notary Public Signature)

ASSETS

		Add		urrent Statement Da	te	4
			1	2	3	7
			'	2	Net Admitted	December 31
			Assets	Nonadmitted Assets	Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1.	Ronds				,	88,015,107
2.	Stocks:		117,010,102		117,010,102	
۷.						
•			10,043,110		10,643,116	10,724,541
3.	Mortgage loans on real es					
	3.2 Other than first lie	ns				
4.	Real estate: 4.1 Properties occupie	ed by the company (less \$0				
	4.2 Properties held fo	or the production of income (less \$0				
	,					
	4.3 Properties held for	sale (less \$0 encumbrances)				
5.	Cash (\$169,937,020),	cash equivalents (\$0) and short-term				
	investments (\$48,168	,577)	218,105,597		218,105,597	298,151,735
6.	Contract loans (including	\$0 premium notes)				
7.	, ,					
8.						
9.		5				· ·
J. 10.		sted collateral assets				
11.		vested assets				
12.		sted assets (Lines 1 to 11)				
13.		0 charged off (for Title insurers only)				
14.	Investment income due a	nd accrued	1,217,254	75,262	1,141,992	1,007,828
15.	Premiums and considerat	tions:				
	15.1 Uncollected premi	ums and agents' balances in the course of				
	collection		25,153,220		25,153,220	24,965,178
	15.2 Deferred premium	s, agents' balances and installments booked				
	but deferred and n	oot yet due (including \$0 earned but				
	•	tive premiums (\$4,670,004) and contracts				
			4.070.004		4.070.004	2 700 004
	•	mination (\$0)	4,670,004		4,670,004	3,728,924
16.	Reinsurance:					
		ble from reinsurers				
	<u>*</u>	deposited with reinsured companies				
		ceivable under reinsurance contracts				
17.	Amounts receivable relati	ng to uninsured plans	13,240,969		13,240,969	11,815,159
18.1	Current federal and foreig	n income tax recoverable and interest thereon				
18.2	Net deferred tax asset		1,075,214		1,075,214	1,075,214
19.	Guaranty funds receivable	e or on deposit				
20.		g equipment and software				
21.	· ·	including health care delivery assets				
۷۱.		•				
00		and Palitities due to Continue continue continue				
22.	•	s and liabilities due to foreign exchange rates				
23.		subsidiaries and affiliates				
24.	·	306) and other amounts receivable				
25.	Aggregate write-ins for ot	her-than-invested assets	3,027	3,027		
26.	TOTAL assets excluding	Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	488,856,825	1,663,644	487,193,181	477,647,078
27.		Segregated Accounts and Protected Cell				
28.				1 663 644	/87 102 101	/77 G/7 070
	LS OF WRITE-INS		400,030,023	1,003,044	407,193,101	477,047,070
1101.						
1102.						
1103.						
1198.	Summary of remaining wr	rite-ins for Line 11 from overflow page			<u> </u>	
1199.	TOTALS (Lines 1101 thro	ough 1103 plus 1198) (Line 11 above)				
2501.	Deposits		3,027	3,027		
2502.						
2503.						
		rite-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 thro	ough 2503 plus 2598) (Line 25 above)]3,027	3,027		

STATEMENT AS OF March 31, 2016 OF THE Meridian Health Plan of Michigan, Inc. LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAPITAL AND				Delan Valan
		1	Current Period 2	3	Prior Year 4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)	268,260,766		268,260,766	293,679,311
2.	Accrued medical incentive pool and bonus amounts	2,667,647		2,667,647	2,656,594
3.	Unpaid claims adjustment expenses	1,247,050		1,247,050	1,470,548
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio				
	rebate per the Public Health Service Act	1,657,408		1,657,408	404,601
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	223,402		223,402	134,924
9.	General expenses due or accrued	53,372,660		53,372,660	11,150,771
10.1	Current federal and foreign income tax payable and interest thereon (including \$0				
	on realized gains (losses))	4,971,162		4,971,162	1,028,019
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	3,686,163		3,686,163	13,529,300
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0				
	unauthorized reinsurers and \$0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	296,161		296,161	157,070
23.	Aggregate write-ins for other liabilities (including \$0 current)				
24.	Total liabilities (Lines 1 to 23)			l I	
25.	Aggregate write-ins for special surplus funds	X X X	X X X		36,414,297
26.	Common capital stock	X X X	X X X	44,700	44,700
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	56,451,363	56,451,363
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	94,314,699	60,525,580
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26 \$0)	X X X	X X X		
	32.20 shares preferred (value included in Line 27 \$0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	150,810,762	153,435,940
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	487,193,181	477,647,078
	ILS OF WRITE-INS				
2301. 2302.					
2303.					
	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. 2502.	Estimate of ACA Health Insurer Fee Surplus				36,414,297
2503.					
	Summary of remaining write-ins for Line 25 from overflow page			l I	
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		36,414,297
3001.					
3002. 3003.					
	Summary of remaining write-ins for Line 30 from overflow page				
	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)				

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1. Me	ember Months				
	et premium income (including \$0 non-health premium income)				
	hange in unearned premium reserves and reserves for rate credits				
	ee-for-service (net of \$0 medical expenses)				
	sk revenue				
	ggregate write-ins for other health care related revenues				
	ggregate write-ins for other non-health revenues				
1	otal revenues (Lines 2 to 7)				
	and Medical:	XXX	020,420,000	00 1, 100,040	2,110,200,700
-	pospital/medical benefits		382 164 710	207 /18 830	1 381 810 602
	ther professional services				
	utside referrals				
	mergency room and out-of-area				
	rescription drugs				
_	ggregate write-ins for other hospital and medical				
	centive pool, withhold adjustments and bonus amounts				
	ubtotal (Lines 9 to 15)		487,467,781 	381,964,090	1,757,510,372
Less:					
	et reinsurance recoveries				
	otal hospital and medical (Lines 16 minus 17)				
	on-health claims (net)				
20. Cl	aims adjustment expenses, including \$0 cost containment expenses		2,446,529	1,723,460	8,438,081
21. Ge	eneral administrative expenses		122,277,375	97,479,004	328,865,346
22. Inc	crease in reserves for life and accident and health contracts (including \$0 increase				
	reserves for life only)				
23. To	otal underwriting deductions (Lines 18 through 22)		611,570,638	480,975,672	2,090,625,705
24. Ne	et underwriting gain or (loss) (Lines 8 minus 23)	X X X	13,857,700	20,188,176	22,613,025
25. Ne	et investment income earned		395,837	248,485	1,175,085
26. Ne	et realized capital gains (losses) less capital gains tax of \$106,808		(207,332)	68,532	243,750
27. Ne	et investment gains or (losses) (Lines 25 plus 26)		188,505	317,017	1,418,835
28. Ne	et gain or (loss) from agents' or premium balances charged off [(amount recovered				
\$	0) (amount charged off \$0)]				
29. Ag	ggregate write-ins for other income or expenses		38,012	70,222	184,201
30. Ne	et income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
plu	us 27 plus 28 plus 29)	x x x	14,084,217	20,575,415	24,216,061
31. Fe	ederal and foreign income taxes incurred	X X X	17,249,950	18,929,789	17,387,893
32. Ne	et income (loss) (Lines 30 minus 31)	X X X	(3,165,733)	1,645,626	6,828,168
	OF WRITE-INS CA Insurer Fee	V V V	F7.0F0.440	47.044.204	42.400.420
	JA Insurer Fee				
0603		X X X			
	ummary of remaining write-ins for Line 6 from overflow page				
0701		X X X			
1	ummary of remaining write-ins for Line 7 from overflow page				
0799. TO	OTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
	earing/Speech devices		· ·		
	ummary of remaining write-ins for Line 14 from overflow page				
	OTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2902					
	ummary of remaining write-ins for Line 29 from overflow page				
	OTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

34. N	CAPITAL & SURPLUS ACCOUNT Capital and surplus prior reporting year		Prior Year To Date	Prior Year Ended December 31
34. N	Capital and surplus prior reporting year	153,435,940		
34. N	Net income or (loss) from Line 32		107,399,484	,
34. N	Net income or (loss) from Line 32			107,399,484
35. C	Change in valuation basis of aggregate policy and claim reserves	(3,103,733)	1,645,626	
	sharigo in valuation bacic of aggregate policy and claim receives	,		
36. C	Change in net unrealized capital gains (losses) less capital gains tax of \$0	268,991	222,091	(411,634)
	Change in net unrealized foreign exchange capital gain or (loss)			, , ,
	Change in net deferred income tax			
39. C	Change in nonadmitted assets	271,564	123,878	84,995
40. C	Change in unauthorized and certified reinsurance			
41. C	Change in treasury stock			
42. C	Change in surplus notes			
43. C	Cumulative effect of changes in accounting principles			
44. C	Capital Changes:			
4	I4.1 Paid in			
4	14.2 Transferred from surplus (Stock Dividend)			
4	14.3 Transferred to surplus			
45. S	Surplus adjustments:			
4	15.1 Paid in			40,000,000
4	15.2 Transferred to capital (Stock Dividend)			
4	15.3 Transferred from capital			
46. E	Dividends to stockholders			
47. A	Aggregate write-ins for gains or (losses) in surplus			
48. N	Net change in capital and surplus (Lines 34 to 47)	(2,625,178)	1,991,595	46,036,456
	Capital and surplus end of reporting period (Line 33 plus 48)	150,810,762	109,391,079	153,435,940
4701. 0)			
4702 4703				
1	Summary of remaining write-ins for Line 47 from overflow page			

CASH FLOW

		OAOII LOW			
			1 Current	2 Prior	3 Prior
			Year	Year	Year Ended
			To Date	To Date	December 31
		Cash from Operations			
1.		ums collected net of reinsurance			
2.	Net in	vestment income	606,527	626,759	1,987,619
3.	Misce	llaneous income		3,753,525	39,909,565
4.	TOTA	L (Lines 1 to 3)	568,851,657	457,567,064	2,085,385,698
5.	Benef	it and loss related payments	512,218,256	343,704,400	1,657,880,415
6.	Net tra	ansfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Comm	nissions, expenses paid and aggregate write-ins for deductions	83,974,221	73,993,818	342,036,905
8.	Divide	ends paid to policyholders			
9.	Feder	al and foreign income taxes paid (recovered) net of \$0 tax on capital gains			
	(losse	s)	13,199,999	199,695	18,489,207
10.	TOTA	L (Lines 5 through 9)	609,392,476	417,897,913	2,018,406,527
11.	Net ca	ash from operations (Line 4 minus Line 10)	(40,540,819)	39,669,151	66,979,171
		Cash from Investments			
12.	Proce	eds from investments sold, matured or repaid:			
	12.1	Bonds	11,343,993	8,096,758	34,443,952
	12.2	Stocks			
	12.3	Mortgage loans			
	12.4	Real estate			
	12.5	Other invested assets			
	12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			i i
	12.7	Miscellaneous proceeds			
	12.7	TOTAL investment proceeds (Lines 12.1 to 12.7)			
12			13,190,407	0,090,730	41,937,310
13.		of investments acquired (long-term only):	40.007.774	F 070 000	00 000 055
		Bonds			
	13.2	Stocks			
	13.3	Mortgage loans			
	13.4	Real estate			
	13.5	Other invested assets			
	13.6	Miscellaneous applications			
	13.7	TOTAL investments acquired (Lines 13.1 to 13.6)			
14.		crease (or decrease) in contract loans and premium notes			
15.	Net ca	ash from investments (Line 12.8 minus Line 13.7 and Line 14)	(29,662,182)	2,389,190	(35,295,829)
		Cash from Financing and Miscellaneous Sources			
16.	Cash	provided (applied):			
	16.1	Surplus notes, capital notes			
	16.2	Capital and paid in surplus, less treasury stock			40,000,000
	16.3	Borrowed funds			
	16.4	Net deposits on deposit-type contracts and other insurance liabilities			
	16.5	Dividends to stockholders			
	16.6	Other cash provided (applied)	(9,843,137)	(721,526)	10,866,865
17.	Net ca	ash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5			
	plus L	ine 16.6)	(9,843,137)	(721,526)	50,866,865
	RECON	CILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net ch	nange in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and			
			(80,046,138)	41,336,815	82,550,207
19.	Cash,	cash equivalents and short-term investments:	,		
	19.1	Beginning of year	298,151,735	215,601,528	215,601,528
	19.2	End of period (Line 18 plus Line 19.1)			
		Note: Supplemental Disclosures of Cash Flow Information fo			

	Note. Supplemental disclosures of Cash Flow information for Non-Cash Transactions.								
20.0001									

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3		-		Federal			-
		Tabel	1 - 45 54 - 4	0	Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	Otto
		Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Other
Total I	Members at end of:										
1.	Prior Year	455,299	28						7,575	444,528	3,168
2.	First Quarter	482,417	3,096							467,956	3,082
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months	1,424,915	7,922						24,312	1,383,527	9,154
Total I	Member Ambulatory Encounters for Period:										
7.	Physician	1,469,445	1,007						41,656	1,426,782	
8.	Non-Physician	1,145,659	435						60,036	1,085,188	
9.	Total	2,615,104	1,442						101,692	2,511,970	
10.	Hospital Patient Days Incurred	49,217	24						3,553	45,640	
11.	Number of Inpatient Admissions		5						758	12,487	
12.	Health Premiums Written (a)	569,114,908	2,507,672						30,850,553	535,040,494	716,189
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	568,378,198	2,507,672						30,822,298	534,332,039	716,189
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	512,218,256	160,463						34,602,389	475,616,748	1,838,656
18.	Amount Incurred for Provision of Health Care										
	Services	487,467,781	2,124,538						27,686,286	456,449,520	1,207,437

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....30,850,553.

	Aging Ar	alysis of Unpaid Cla	ms			
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	44,943,381	1,191,679	1,191,679	901,709	6,491,644	54,720,09
0499999 Subtotals	44,943,381	1,191,679	1,191,679	901,709	6,491,644	54,720,09
0599999 Unreported claims and other claim reserves						213,540,67
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						268,260,76
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,667,64

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liab	oility		
		Cla	ims	End	d of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec 31 of	During the	in Prior Years	Dec 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)	2,584	157,879	105,615	1,966,659	108,199	108,199
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	19,266,863	15,532,020	2,071,562	12,442,359	21,338,425	21,405,246
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)						
10.	Healthcare receivables (a)		726,836				
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)	206,863,219	305,391,007	88,905,269	182,023,144	295,768,488	296,335,905

⁽a) Excludes \$.....0 loans or advances to providers not yet expensed.

Meridian Health Plan of Michigan, Inc. Notes to the Financial Statements March 31, 2016

Note 1 – Summary of Significant Accounting Policies

Meridian Health Plan of Michigan, Inc. (the "Company") operates as a state-licensed health maintenance organization (HMO). The Company provides medical services to persons in sixty-eight Michigan counties who subscribe as recipients of state health benefits (Medicaid benefits). In addition, the Company operates a Medicare Advantage Dual-Eligible Special Needs Plan, a Medicare Advantage Prescription Drug Plan, and a Medicare Stand — alone Prescription Drug Plan and offers individual and catastrophic plans on the Federal Health Insurance Market. On March 1, 2015, the Company commenced operation of a Medicare — Medicaid Alignment Initiative Plan.

The Company contracts directly with physician/physician groups and hospitals for the provision of medical care, and compensates the providers on either a capitation or fee for service basis. The Company has a risk sharing arrangement with some primary care physicians, and a portion of the capitation payments may be retained for settlement of risk-sharing arrangements.

A. Accounting Practices

The financial statements of Meridian Health Plan of Michigan (the "Company") are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services ("DIFS").

The DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Michigan Insurance Code. The DIFS has adopted the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual as a component of prescribed and permitted practices for the state. The DIFS has the right to permit specific practices that deviate from prescribed practices. There is no deviation from the NAIC Accounting Practices and Procedures Manual.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the DIFS is shown below:

		State of Domicile	2016	2015
NET INCOME				
(1)	Meridian Health Plan of Michigan state basis	Michigan	\$ (3,165,733)	\$ 6,828,168
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP: None	Michigan		
(3)	State Permitted Practices that increase/(decrease) NAIC SAP: None	Michigan		
(4)	NAIC SAP (1-2-3=4)	Michigan	\$ (3,165,733)	\$ 6,828,168
SURPLUS				
(5)	Meridian Health Plan of Michigan state basis	Michigan	\$ 150,810,762	\$ 153,435,940
(6)	State Prescribed Practices that increase/(descrease) NAIC SAP: None	Michigan		
(7)	State Permitted Practices that increase/(descrease) NAIC SAP: None	Michigan		<u> </u>
(8)	NAIC SAP (5-6-7=8)	Michigan	\$ 150,810,762	\$ 153,435,940

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, primarily claims unpaid. It also required disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health capitation premiums are recognized in the period members are entitled to related health care services. Health care service costs and the related liabilities for claims payable are recorded when medical services are provided to eligible members. Expenses are charged to operations as incurred.

- 1. Short-term investments are stated at amortized cost.
- 2. Bonds are stated at amortized cost using the scientific interest method.
- 3. Common stocks are stated at fair market value.
- 4. The Company had no preferred stock.
- 5. The Company had no mortgage loans on real estate.
- 6. The Company had no loan-backed securities.
- 7. The Company had no investments in subsidiaries, controlled or affiliated entities.
- 8. The Company has a minor ownership interests in a joint ventures. The Company carries this interest based on the underlying audited GAAP equity of the investee.
- 9. The Company had no derivatives.
- 10. The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- 11. Claims payable includes an actuarially determined estimate of the ultimate cost of settling claims.
- 12. The Company has no property and equipment and related capitalization policy.
- 13. Pharmaceutical rebates receivable are estimated based on actual prescriptions filled.

Note 2 - Accounting Changes and Corrections of Errors

This Note is not applicable to the Company.

Note 3 - Business Combinations and Goodwill

This Note is not applicable to the Company.

Note 4 - Discontinued Operations

The Company has made the decision to discontinue Medicare Stand - alone Prescription Drug Plan at the end of calendar year 2016. The Company does not anticipate this having a significant impact on the operations, profit or surplus requirements going forward.

Note 5 - Investments

No change

Note 6 - Joint Ventures, Partnerships, and Limited Liability Companies

No change

Note 7 - Investment Income

This Note is not applicable to the Company.

Note 8 - Derivative Instruments

This Note is not applicable to the Company.

Note 9 - Income Taxes

No change

Note 10 - Information Concerning Parent, Subsidiaries, and Affiliates

No change

Note 11 - Debt

This Note is not applicable to the Company.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans

This Note is not applicable to the Company.

Note 13 - Capital and Surplus, Stockholders' Dividend Restrictions, and Quasi-Reorganizations

No change

Note 14 - Contingencies

This Note is not applicable to the Company.

Note 15 - Leases

This Note is not applicable to the Company.

Note 16 - Information about Financial Instruments with Off-balance-sheet Risk and Financial Instruments with Concentrations of Credit Risk

This Note is not applicable to the Company.

Note 17 - Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables reported as Sales None
- B. Transfer and Servicing of Financial Assets None
- C. Wash Sales None

Note 18 - Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

No Change

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

This Note is not applicable to the Company.

Note 20 - Fair Value Measurements

- A. Fair Market Value at Reporting Date
 - 1. Fair Value Measurements at Reporting Date

Description		(Level 1)	(Level 2)		(Level 3)		Total	
a. Assets at fair Value								
Common Stock	\$	10,643,116	\$		\$	=	\$	10,643,116
Total Common Stock	\$	10,643,116	\$	-	\$	<u>-</u>	\$	10,643,116
Total Assets at Fair Value	\$	10,643,116	\$			<u>-</u>		10,643,116
b. Total Liabilities at Fair Value								
Total Liabilities at Fair Value	\$		\$		\$	-	\$	

- 2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy None
- 3. The Company does not have any securities valued at fair value.
- 4. The Company has not valued any securities at a Level 2 or 3.
- 5. Derivative assets and liabilities None
- B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements None
- C. Aggregate Fair Value of All Financial Instruments

	Aggregate Fair					Not Practicable
Type of Financial Instruments	Value	Admitted Assets	Level 1	Level 2	Level 3	(Carrying Value)
Bonds	118,615,563	117,346,132	-	118,615,563	-	-
Common Stock	10,643,116	10,643,116	10,643,116	-	-	-
Short-term investments	48,168,577	48,168,577	22,359,332	25,809,245	-	<u> </u>
	177,427,256	176,157,825	33,002,448	144,424,808	-	-

D. Not Practicable to Estimate Fair Value - None

Note 21 - Other Items

No Change

Note 22 - Events Subsequent

This Note is not applicable to the Company.

Note 23 - Reinsurance

No change

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

- E. Risk Sharing Provisions of the Affordable Care Act (ACA)
 - 1. Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (Yes/No)? Yes

The Company had zero balances for the risk corridor and risk adjustment programs due to a lack of sufficient data to estimate amounts recoverable or payable.

2. Impact of Risk – Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

The Company did not accrue for the Risk Adjustment user fees or the Reinsurance contributions as they were deemed to be immaterial at March 31, 2016. The Company has determined that there are no reinsurance receivables within the Transitional Reinsurance Program at this time. The Company does not have any self — insured business that would require disclosure of any uninsured plan contributions within the Transitional Reinsurance Program.

STATEMENT AS OF March 31, 2016 OF THE Meridian Health Plan of Michigan, Inc.

Notes to Financial Statement

a.	Permanent ACA Risk Adjustment Program		AMOUNT
	Assets		
	1. Premium adjustments receivable due to ACA Risk Adjustment	\$_	0
	Liabilities		
	2. Risk adjustment user fees payable for ACA Risk Adjustment	\$_	0
	3. Premium adjustments payable due to ACA Risk Adjustment	\$_	0
	Operations (Revenue & Expense)		
	4. Reported as revenue in premium for accident and health		
	contracts (written/collected) due to ACA Risk Adjustment	\$_	0
	5. Reported in expenses as ACA Risk Adjustment user fees		
	(incurred/paid)	\$_	0
b.	Transitional ACA Reinsurance Program		
	Assets		
	1. Amounts recoverable for claims paid due to ACA Reinsurance	\$_	0
	2. Amounts recoverable for claims unpaid due to ACA		
	Reinsurance (Contra Liability)	\$_	0
	3. Amounts receivable relating to uninsured plans for		
	contributions for ACA Reinsurance	\$_	0
	Liabilities		
	4. Liabilities for contributions payable due to ACA Reinsurance -		
	not reported as ceded premiums	\$_	0
	5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$_	0
	6. Liabilities for amounts held under uninsured plans	\$_	0
	contributions for ACA Reinsurance		
	Operations (Revenue & Expense)		
	7. Ceded reinsurance premiums due to ACA Reinsurance	\$	0
	8. Reinsurance recoveries (income statement) due to ACA	_	
	Reinsurance payments or expected payments	\$	0
	9. ACA Reinsurance contributions - not reported as ceded premium	\$	0
c.	Temporary ACA Risk Corridors Program		
	Assets		
	1. Accrued retrospective premium due to ACA Risk Corridors Liability	\$	0
	2. Reserve for rate credits or policy experience rating refunds	_	
	due to ACA Risk Corridors	\$	0
	Operations (Revenue & Expense)	_	
	3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$_	0
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	0

3. Roll – forward of prior year ACA risk – sharing provisions for the following assets (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Prior Year on Business Written Before December 31 of the Prior Year on Business Written Before December 31 of the Prior Year of the Prior	· ·	Accrued D	uring the	Received or	Paid as of	1		1				
Written Before December 31 of the Prior Year December 31 of the Pr										Unsettled Balances as of the		
Before December 31 of the Prior Year The Prior Year School Receivable (Payable) Receivable Receivab						Differ	ences	Adju	stments		Report	ing Date
Accrued Less Year Year Year Year Prior Years (Col Less Ralances from Prior Years (Col Less Payments Ralances Raceivable (Payable) Receivable Receivable (Payable) Receivable (Payable) Receivable (Payable) Receivable Re						Prior Year	Prior Year				Cummulative	Cummulative
Less Payments Payments Balances Balances Balances Balances Receivable (Payable) Receivable (P						Accrued	Accrued	To Prior	To Prior		Balance from	Balance from
Payments Payments Payments Balances Balances Receivable Payable Payabl		Prior	Year	the Pric	or Year		Less	Year	Year		Prior Years	Prior Years (Col
1 2 3 4 5 6 7 8 Re 9 10 Receivable (Payable) Receiv							Payments	Balances	Balances		(Col 1-3+7)	2-4+8)
a. Premium ACA Risk Adjustment Program 1. Premium adjustments receivable \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		1	2	3	4			7	8	Re	9	10
Program 1. Premium adjustments receivable \$ <		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	f	Receivable	(Payable)
1. Premium adjustments receivable \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	a. Premium ACA Risk Adjustment											
3. Subtotal ACA Premanent Risk Adjustment Program \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Program											
3. Subtotal ACA Premanent Risk Adjustment Program \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1. Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$	Α	\$	\$
Adjustment Program \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Premium adjustments (payable)	\$	\$	\$	\$	\$	\$	\$	\$	Α	\$	\$
b. Transitional ACA Reinsurance Program Amounts recoverable for claims 1. paid \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3. Subtotal ACA Premanent Risk											
b. Transitional ACA Reinsurance Program Amounts recoverable for claims 1. paid \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Adjustment Program	\$	\$	\$	\$	\$	\$	\$	\$	Α	\$	\$
1. paid \$ </td <td>b. Transitional ACA Reinsurance Program</td> <td></td>	b. Transitional ACA Reinsurance Program											
Amounts recoverable for claims 2. unpaid (contra liability) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amounts recoverable for claims											
2. unpaid (contra liability) \$ <td< td=""><td>1. paid</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>Α</td><td>\$</td><td>\$</td></td<>	1. paid	\$	\$	\$	\$	\$	\$	\$	\$	Α	\$	\$
Amounts receivable relating to 3. uninsured plans \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amounts recoverable for claims									'		
Amounts receivable relating to 3. uninsured plans \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2. unpaid (contra liability)	\$	\$	\$	\$	\$	\$	\$	\$	Α	\$	\$
	The state of the s											
	3. uninsured plans	Ś	Ś	Ś	Ś	Ś	Ś	Ś	Ś	Α	Ś	Ś
	Liabilities for contributions			<u> </u>		<u> </u>	<u> </u>					
payable due to ACA Reinsurance -												
4. not reported as ceded premium \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$. ,	\$	\$	\$	\$	\$	\$	\$	\$	Α	\$	\$
Ceded reinsurance premiums	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>Y</u>	<u> </u>	•	<u> </u>	<u> </u>					
5. payable \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	•	\$	\$	\$	\$	\$	\$	\$	\$	Α	\$	\$
Liability for amounts held under		<u> </u>	<u>Y</u>	<u> </u>	•	<u> </u>	<u> </u>					
6. uninsured plans \$ \$ \$ \$ \$ \$ \$ A \$ \$,	\$	\$	\$	Ś	\$	\$	\$	\$	Δ	\$	\$
Subtotal ACA Transitional	•	<u> </u>	7	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Ÿ	<u> </u>	,,,	Ÿ	<u> </u>
7. Reinsurance Program \$ \$ \$ \$ \$ \$ \$ A \$ \$		\$	\$	\$	Ś	\$	\$	\$	\$	Δ	\$	\$
c. Temporary ACA Risk Corridors Program	· ·	-	7	y	<u> </u>	<u> </u>	-	Ÿ	<u>, </u>	,,,	<u> </u>	<u> </u>
1. Accrued retrospective premium \$ \$ \$ \$ \$ \$ \$ A \$ \$		\$	\$	\$	Ś	\$	\$	\$	\$	Δ	\$	\$
Reserve for rate credits or policy	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	-	<u> </u>	<u> </u>	Ψ	<u> </u>	, ,,	Ψ	Ψ
2. experience rating refunds \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		¢	¢	¢	¢	¢	¢	¢	¢	Δ	¢	¢
- caperione range	z. experience rating retains		-	7	-	-	-	-	-	. ^	-	-
3. Subtotal ACA Risk Corridor Program \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3. Subtotal ACA Risk Corridor Program	Ś	Ś	Ś	Ś	\$	Ś	\$	Ś	Α	Ś	Ś
3. Subtotal ACA Risk Corridor Program \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	σ,		\$	Ś	Ś	\$	\$	Ś	Ś			Ś

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2015 were \$296,335,905 for unpaid claims and incentives and \$1,470,548 for unpaid claims adjustment expenses. As of March 31, 2016, \$206,863,219 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. There are \$88,905,269 reserves remaining for prior years. Therefore there has been a \$567,417 favorable prior year development since December 31, 2015 to March 31, 2016. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes know regarding individual claims.

Note 26 - Intercompany Pooling Arrangements

This Note is not applicable to the Company.

Note 27 - Structured Settlements

This Note is not applicable to the Company.

Note 28 - Health Care Receivables

No change

Note 29 - Participating Policies

This Note is not applicable to the Company.

Note 30 - Premium Deficiency Reserves

No change

Note 31 - Anticipated Salvage and Subrogation

This Note is not applicable to the Company.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

	Domicile, as require	ntity experience any material trans ed by the Model Act? rt been filed with the domiciliary st		Disclosure of M	aterial Transaction	ons with the State	e of	١	Yes[] No[X] /es[] No[] N/A[X]
	Has any change be reporting entity? If yes, date of change	en made during the year of this st	atement in the charter, by-lav	ws, articles of in	corporation, or de	eed of settlemen	t of the		Yes[] No[X]
3.1	Is the reporting enti an insurer? If yes, complete S Have there been ar	ity a member of an Insurance Hold Schedule Y, Parts 1 and 1A. ny substantial changes in the orga .2 is yes, provide a brief description	nizational chart since the pric		ore affiliated pers	ons, one or mor	e of which is		Yes[X] No[] Yes[] No[X]
4.2	If yes, provide the n	ntity been a party to a merger or c name of entity, NAIC Company Co of the merger or consolidation.	onsolidation during the perio de, and state of domicile (us	d covered by thi e two letter state	s statement? e abbreviation) fo	r any entity that	nas ceased		Yes[] No[X]
		1 Name of E	Entity	NAIC C	2 ompany Code	State	3 of Domicile		
6.1	or similar agreemer If yes, attach an exp State as of what da	te the latest financial examination	changes regarding the terms of the reporting entity was m	s of the agreement	ent or principals i made.	nvolved?		١	/es[] No[X] N/A[]
6.2	State the as of date date should be the State as of what da	that the latest financial examinati date of the examined balance she te the latest financial examination This is the release date or comple	on report became available f et and not the date the repor report became available to c	rom either the si t was completed ther states or th	tate of domicile of for released. e public from eith	ner the state of d	omicile or		12/31/2014 03/31/2016
6.4	By what departmen DIFS Have all financial sta filed with Departmer	atement adjustments within the lat	·			equent financial	statement		/es[] No[] N/A[X] /es[X] No[] N/A[]
	Has this reporting e revoked by any gov If yes, give full infor	entity had any Certificates of Autho rernmental entity during the report rmation	rity, licenses or registrations ing period?	(including corpo	orate registration,	if applicable) su	spended or		Yes[] No[X]
8.1 8.2 8.3 8.4	Is the company a si If response to 8.1 is Is the company affil If response to 8.3 is regulatory services	ubsidiary of a bank holding compa s yes, please identify the name of liated with one or more banks, thri s yes, please provide below the na agency [i.e. the Federal Reserve ion (FDIC) and the Securities Exc	the bank holding company. fts or securities firms? mes and location (city and si Board (FRB), the Office of th	tate of the main e Comptroller of	office) of any affi	CC), the Federa	Deposit		Yes[] No[X] Yes[] No[X]
		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC		
	similar functions) of (a) Honest and eth relationships; (b) Full, fair, accur (c) Compliance wi (d) The prompt interest of the prompt	ers (principal executive officer, print the reporting entity subject to a conical conduct, including the ethical rate, timely and understandable dieth applicable governmental laws, remail reporting of violations to an afor adherence to the code.	ncipal financial officer, princip ode of ethics, which includes handling of actual or appare sclosure in the periodic repor rules and regulations;	the following stant conflicts of interest to be	andards? terest between p e filed by the repo	ersonal and prof	-	J	Yes[X] No[]
9.2 9.21 9.3	1 If the response to Has the code of et 1 If the response to Have any provisio	9.1 is No, please explain: thics for senior managers been an 9.2 is Yes, provide information relins of the code of ethics been waiv 9.3 is Yes, provide the nature of a	ated to amendment(s). red for any of the specified of	ficers?					Yes[] No[X] Yes[] No[X]
10.1 10.2	1 Does the reporting 2 If yes, indicate any	g entity report any amounts due fro y amounts receivable from parent	om parent, subsidiaries or aff	ANCIAL iliates on Page 2 nt:	2 of this statemer	nt?		\$	Yes[] No[X] 0
	use by another pe	tocks, bonds, or other assets of the rson? (Exclude securities under se d complete information relating the	e reporting entity loaned, place ecurities lending agreements	STMENT ced under option	n agreement, or c	otherwise made a	available for		Yes[] No[X]
	, ,	tate and mortgages held in other in		BA:				\$	0
13.	Amount of real est	tate and mortgages held in short-to	erm investments:					\$	0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[] No[X]

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal		
	Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26		
	above		

		above				
15.1 15.2	1 Has the reporting entity e 2 If yes, has a comprehens If no, attach a description		ns reported on Schedule DB? gram been made available to the domicili	iary state?		Yes[] No[X] Yes[] No[] N/A[X]
16.	16.1 Total fair value of re16.2 Total book adjusted	einvested collateral assets reported	eral assets reported on Schedule DL, Pa			\$ \$ \$
17	Excluding items in Sched	lule F - Part 3 - Special Deposits re	eal estate, mortgage loans and investme	nts held physically in	the reporting entity's	3

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting el offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Comerica Bank	411 W. Lafayette, Detroit, 48226

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

Yes[X] No[]

1	2	3	4
		Date	
Old Custodian	New Custodian	of Change	Reason

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration		
Depository	Name(s)	Address
134261 110297 19616	Madison Scottsdale	47 Maple St., Suite 304, Summit, NJ, 07901

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

 Operating Percentages: 1.1 A&H loss percent 1.2 A&H cost containment percent 1.3 A&H expense percent excluding cost containment expenses 	86.086% 0.430% 8.712%
 2.1 Do you act as a custodian for health savings accounts? 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. 2.3 Do you act as an administrator for health savings accounts? 2.4 If yes, please provide the balance of the funds administered as of the reporting date. 	Yes[] No[X] \$

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

				1 0 011 0 0 0 010 0				
1	2	3	4	5	6	7	8	9
NAIC					Type of		Certified	Effective Date
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	of Certified
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating
Accident and Health - Non-a	affiliates							
13989	98-0636926	01/01/2016	SAXON RE LTD	MI	SSL/A/I	Authorized		
11835	04-1590940	07/01/2015	PARTNERRE AMER INS CO	DE	SSL/A/I	Authorized		
		01/01/2016	HHS	DC	OTH/A/I	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

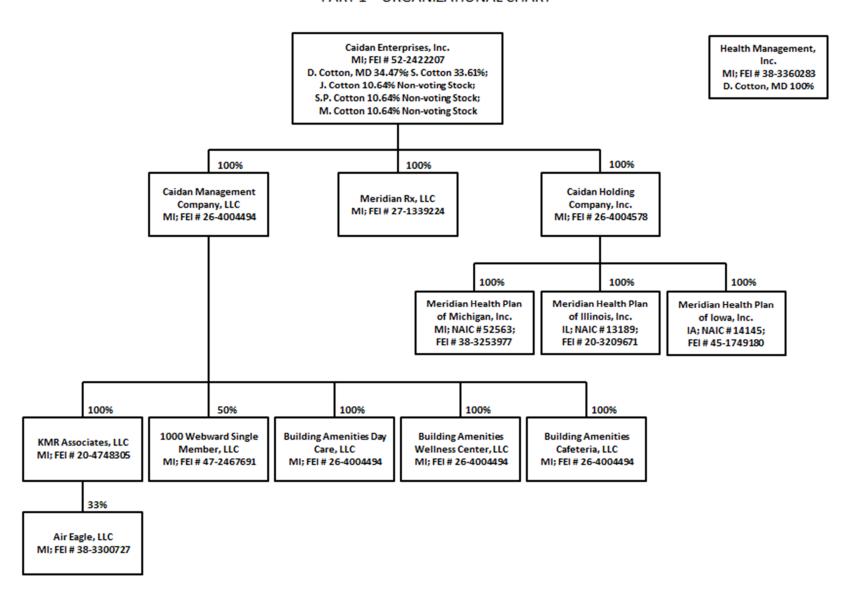
Current Year to Date - Allocated by States and Territories

		Current	rear to	Date - All	ocated by	States and				
						Direct Busi		-	1 0	
		1	2	3	4	5	6	7	8	9
						Federal	Life and Annuity			
			Accident and			Employees Health	Premiums	Property/	Total	
		Active	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type
_	State, Etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1.	Alabama (AL)									
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)									
7.	Connecticut (CT)									
8.	Delaware (DE)	L								
9.	District of Columbia (DC)	L								
10.	Florida (FL)	N								
11.	Georgia (GA)									
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)									
19.	Louisiana (LA)									
20.	Maine (ME)	. L								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)									
23.	Michigan (MI)									
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)									
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)									
36.	Ohio (OH)									
37.	Oklahoma (OK)									
38.	Oregon (OR)									
39.	Pennsylvania (PA)									
40.	Rhode Island (RI)									
41.	South Carolina (SC)									
42.	South Dakota (SD)									
43.	Tennessee (TN)									
44.	Texas (TX)									
45.	Utah (UT)									
46.	Vermont (VT)									
47.	Virginia (VA)									
48.	Washington (WA)									
49.	West Virginia (WV)									
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)									
52.	American Samoa (AS)									
53.	Guam (GU)									
53. 54.	Puerto Rico (PR)									
	U.S. Virgin Islands (VI)									
55. 56.	Northern Mariana Islands (MP)									
57.	Canada (CAN)									
58.	Aggregate other alien (OT)		2 222 061						EGO 114 009	
59.	Subtotal	X X X .	3,223,861	3U,85U,553	. 535,040,494				. 569,114,908	
60.	Reporting entity contributions for	V V V								
64	Employee Benefit Plans		0.000.004	20.050.552	EDE 040 404				ECO 444 000	
61.	Total (Direct Business)	(a)7	3,223,861	30,850,553	. 535,040,494				. 569,114,908	
	_S OF WRITE-INS				I	T	1			
58001.		X X X .								
58002.		X X X .								
58003.		X X X .								
58998.	Summary of remaining write-ins for									
	Line 58 from overflow page	X X X .								
58999.	TOTALS (Lines 58001 through									
	58003 plus 58998) (Line 58 above)	X X X .								

⁽a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



Q15

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of				Directly	Type of Control			
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	
		Comp-				if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	
Group		any	ID	FEDERAL		Traded (U.S.	Or	Loca-	ina	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	*
				11000					,			- crossing c	, : o.o(o)	
		00000	52-2422207 .				Caidan Enterprises, Inc.	MI .	UIP	David B. Cotton	Ownership, Board of			
											Directors		David B. Cotton	
		00000	52-2422207 .				Caidan Enterprises, Inc.		UIP	Shery Cotton	Ownership	33.6	David B. Cotton	
			26-4004578 .				Caidan Holding Company, Inc.		UDP .	Caidan Enterprises, Inc	Ownership	100.0	David B. Cotton	
			26-4004494 .				Caidan Management Company, LLC	MI .	NIA		Ownership		David B. Cotton	
			38-3360283 .				Health Management, Inc.	MI .	NIA	David B. Cotton	Ownership	100.0	David B. Cotton	
		00000	27-1339224 .				MeridianRx, LLC	MI .	NIA	Caidan Enterprises, Inc.	Ownership		David B. Cotton	
4640	Caidan Enterprises Inc Grp	13189	20-3209671.				Meridian Health Plan of Illinois, Inc	IL	IA	Caidan Holding Company, Inc.	Ownership	100.0	David B. Cotton	
4640	Caidan Enterprises Inc Grp	14145	45-1749180 .				Meridian Health Plan of Iowa, Inc.	IA	IA	Caidan Holding Company, Inc.	Ownership	100.0	David B. Cotton	
4640	Caidan Enterprises Inc Grp	52563	38-3253977 .				Meridian Health Plan of Michigan, Inc	MI .	RE	Caidan Holding Company, Inc.	Ownership	400.0	David B. Cotton	
		00000	47-2467691 .				1000 Webward Single Member, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership		David B. Cotton	0000001
		00000	26-4004494 .				Building Amenities Day Care, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership		David B. Cotton	
			26-4004494 .				Building Amenities Wellness Center, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership	100.0	David B. Cotton	
			26-4004494 .				Building Amenities Cafeteria, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership		David B. Cotton	
		00000	20-4748305 .				KMR Associates, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership	100.0	David B. Cotton	
		00000	38-3300727 .				Air Eagle, LLC	MI .	NIA	KMR Associates, LLC	Ownership	33.0	David B. Cotton	0000001

Q	Asterisk	Explanation
16	0000001	The remaining percent is owned by one or more unaffiliate companies.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE	

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Yes

Explanations:

Bar Codes:

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	C	Current Statement Date				
	1	2	3			
			Net Admitted	December 31		
		Nonadmitted	Assets	Prior Year Net		
	Assets	Assets	(Cols. 1 - 2)	Admitted Assets		
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)						
2504.						
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)						

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
				Prior Year
		Current Year	Prior Year	Ended
		To Date	To Date	December 31
4704.				
4797.	Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)			

STATEMENT AS OF March 31, 2016 OF THE Meridian Health Plan of Michigan, Inc. SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Total gain (loss) on disposals Deduct amounts received on disposals Total foreign exchange change in book/adjusted carrying va		
6.	Total foreign exchange change in book/adjusted carrying va		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Loans			
			1	2
				Prior Year Ended
			Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year			
2.	Cost of acquired:			
	2.1 Actual cost at time of acquisition			
	2.2 Additional investment made after acquisition			
3.	Capitalized deferred interest and other			
4.	Accrual of discount			
5.	Unrealized valuation increase (decrease)			
6.	Total gain (loss) on disposals			
7.	Deduct amounts received on disposals			
8.	Deduct amortization of premium and mortgage interest poin			
9.	Total foreign exchange change in book value/recorded inve			
10.	Deduct current year's other than temporary impairment recognized			
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4	+5+		
	6 - 7 - 8 + 9 - 10)			
12.	Total valuation allowance			
13.	Subtotal (Line 11 plus Line 12)			
14.	Deduct total nonadmitted amounts			
15.	Statement value at end of current period (Line 13 minus Line 14)			
	, ,			

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Other Long-Term invested Assets		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,521,875	1,555,575
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.1 Actual cost at time of acquisition2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other Accrual of discount		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.			
7.	Total gain (loss) on disposals Deduct amounts received on disposals		39,099
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		1,290,211
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	98,739,648	64,655,839
2.	Cost of bonds and stocks acquired	42,860,589	77,135,900
3.	Accrual of discount	7,113	15,129
4.	Unrealized valuation increase (decrease)	268,991	(634,287)
5.	Total gain (loss) on disposals	(314,140)	360,995
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium	374,546	1,092,965
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	127,989,248	98,739,648
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	127,989,248	98,739,648

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	During the Cur	ient Quarter	ioi ali bollu	s and i refer	red Olock by	MAIC Desig	mation		
		1	2	3	4	5	6	7	8
		Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
	NAIC Designation	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BOND	S								
1.	NAIC 1 (a)	124,292,222	87,885,433	61,213,860	(1,804,180)	149,159,615			124,292,222
2.	NAIC 2 (a)	14,754,351	5,296,391	5,000,000	1,304,352	16,355,094			14,754,351
3.	NAIC 3 (a)								
4.	NAIC 4 (a)								
5.	NAIC 5 (a)								
6.	NAIC 6 (a)								
7.	NAIC 6 (a) Total Bonds	139,046,573	93,181,824	66,213,860	(499,828)	165,514,709			139,046,573
PREFI	ERRED STOCK								
8.	NAIC 1								
9.	NAIC 2								
10.	NAIC 3								
11.	NAIC 4								
12.	NAIC 5								
13.	NAIC 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	139,046,573	93,181,824	66,213,860	(499,828)	165,514,709			139,046,573

Short - Term Investments

	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
9199999. Totals	48,168,577	X X X	48,367,451	80,059	10,009

SCHEDULE DA - Verification

Short-Term Investments

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	38,032,646	24,591,344
2.	Cost of short-term investments acquired	52,194,054	163,427,975
3.	Accrual of discount	53	126
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		8,324
6.	Deduct consideration received on disposals	41,925,726	149,452,528
7.	Deduct amortization of premium	132,450	542,595
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	48,168,577	38,032,646
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	48,168,577	38,032,646

SI04 Schedule DB - Part A Verification	NONE
SI04 Schedule DB - Part B Verification	NONE
SI05 Schedule DB Part C Section 1	NONE
SI06 Schedule DB Part C Section 2	NONE

12. Total (Line 9 minus Line 10 minus Line 11)

SCHEDULE DB - VERIFICATION

	Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all	Open Derivative Co	ontracts
		Book/A	djusted
		Carryin	g Value
		Ch	eck
1.	Part A, Section 1, Column 14		
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance		
3.	Total (Line 1 plus Line 2)		
4.	Part D, Section 1, Column 5		
5.	Part D, Section 1, Column 6		
6.	Total (Line 3 minus Line 4 minus Line 5)		
		Fair '	Value
		Ch	eck
7.	Part A, Section 1, Column 16		
8.	Part B, Section 1, Column 13		
9.	Total (Line 7 plus Line 8)		
10.	Part D, Section 1, Column 8		
11	Part D. Section 1. Column 9		

		Potential	Exposure
		Che	eck
13.	Part A, Section 1, Column 21		
14.	Part B, Section 1, Column 20		
15.	Part D, Section 1, Column 11		
16.	Total (Line 13 plus Line 14 minus Line 15)		

SCHEDULE E - Verification

(Cash Equivalents)

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	12,998,814	
2.	Cost of cash equivalents acquired		12,998,814
3.	Accrual of discount	2	
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	12,998,816	
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)		12,998,814
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		12,998,814

E01 Schedule A Part 2 NONE
E01 Schedule A Part 3 NONE
E02 Schedule B Part 2 NONE
E02 Schedule B Part 3 NONE
E03 Schedule BA Part 2 NONE
E03 Schedule BA Part 3 NONE

	Sh	now All Lo	ong-Term Bond	s and Stock Acquired During the Current	Quarter				
1	2	3	4	5	6	7	8	9	10
								Paid for	NAIC
								Accrued	Designation
CUSIP				Name of	Number of			Interest and	or Market
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
	· '	roroigir	Bate / toquirea	Volidor	Charco or Clook	7101001 0001	1 di Valdo	Dividende	maioator (a)
Bonas - U.S	. Governments								
38377KCH1.	GNMA REMIC TRUST 2010-114		02/19/2016	UBS	X X X	760,489	735,883	1,410	1
38377FY54	GNMA REMIC TRUST 2010-73		03/18/2016	UBS		602,083	579,274	1,231	1
38378EP23	GNMA REMIC TRUST 2012-61		02/19/2016	UBS		1,241,036	1,231,797	1,574	
	otal - Bonds - U.S. Governments				X X X	2,603,608	2,546,954	4,215	X X X
Bonds - U.S	. States, Territories and Possessions								
13063BFV9	CALIFORNIA ST		03/21/2016	UBS	XXX	3.028.925	2.500.000	12.146	1FF
	WASHINGTON ST		01/29/2016	UBS		250,226		60	
	otal - Bonds - U.S. States, Territories and Possessions					3.279.151	2.715.000	12.206	X X X
	Political Subdivisions of States, Territories and Possessions					2, 2,10	, -,000	,	
			02/20/0042	LIBO		0.004.000	0.000.000	40.044	455
414005PD4 5446463M2	HARRIS CNTY TEX LOS ANGELES CALIF UNI SCH DIST		03/30/2016 03/02/2016	UBS		2,364,680 311.847		13,611	1FE 1FE
64966H4L1	NEW YORK N Y		03/02/2016	UBS		1,585,529	1,395,000		
986809EZ0	YORK PA SUBN SCH DIST		01/13/2016	UBS		1,192,909	1,180,000	5,433	
	otal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					5,454,965	4.840.000	58.040	
	. Special Revenue, Special Assessment								
			04/06/0046	LIDO	V V V	407.744	275 000	0.000	455
120525CS7 235241RL2	BUNCOMBE CNTY N C LTD OBLIG		01/06/2016 03/28/2016	UBSUBS					
3134G8EP0 .	FEDERAL HOME LN MTG CORP		01/20/2016	UBS		1,274,873	1,275,000		11 🗠
3134G8LN7	FEDERAL HOME LN MTG CORP		02/09/2016	UBS		2.000.000	2.000.000		1
3130A3B37	FEDERAL HOME LOAN BANKS		02/09/2016	UBS	X X X	1,001,780	1,000,000	2,833	1
3137A5ZA5	FHLMC REMIC SERIES 3796		01/20/2016	UBS		1,247,908	1,248,689	1,457	1
3137BCA40 .	FHLMC REMIC SERIES 4371		03/29/2016	UBS		890,609	860,362		1
34074MKC4 . 3136AFDX9 .	FLORIDA HSG FIN CORP FNMA REMIC TRUST 2013-72		01/20/2016 02/19/2016	UBS		1,191,248 2,282,855		2,316	1FE
3136AFDA9 .			01/20/2016	UBS		359,988		3,231	1 1
3136APH39	FNMA REMIC TRUST 2015-55		03/29/2016	UBS		2,961,039	2,883,982		1
46263RHE8	IPS MULTI-SCH BLDG CORP IND		02/19/2016	UBS		2,239,960	2,000,000	12,417	
64971QTP8 .	NEW YORK N Y CITY TRANSITIONAL		01/29/2016	UBS		584,030	500,000	139	
67755CXZ7	OHIO ST BLDG AUTH		02/01/2016	UBS		11,062	10,000	168	
68607H5G7	OREGON ST DEPT ADMINISTRATIVE		03/15/2016	UBS		2,257,500			
842039CH0 . 91417KNA5 .	SOUTHEASTERN PA TRANSN AUTH RE		03/18/2016 01/14/2016	UBS		2,533,754 582,921		0,-00	
	otal - Bonds - U.S. Special Revenue, Special Assessment					22,348,440			XXX
	ustrial and Miscellaneous (Unaffiliated)					22,070,740	21,007,701	110,000	۸۸۸
00287YAL3	ABBVIE INC		02/17/2016	UBS	x x x	1.980.800	2.000.000	17.078	255
20825CAR5	CONOCOPHILLIPS		02/17/2016	UBS		1,980,800		2.108	
29379VAZ6	ENTERPRISE PRODS OPER LLC		02/17/2016	UBS		1,470,400	1,600,000		
446438RR6	HUNTINGTON NATL BANK		02/09/2016	UBS	X X X	2,005,220	2,000,000		
460146CG6 .	INTL PAPER CO		02/04/2016	UBS		1,224,833	1,146,000	26,310	2FE
3899999 Subt	otal - Bonds - Industrial and Miscellaneous (Unaffiliated)					7,301,611	7,346,000	80,605	X X X
	otal - Bonds - Part 3	<u></u>			X X X	40,987,775	38,485,355	274,625	X X X
8399998 Sum	mary Item from Part 5 for Bonds (N/A to Quarterly)	<u></u>				X X X	X X X	X X X	X X X
8399999 Subt						40,987,775	38,485,355	274,625	X X X
8999998 Sum	mary Item from Part 5 for Preferred Stocks (N/A to Quarterly)			·····	X X X	X X X	X X X	X X X	X X X

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

	-			o and otook /toquired burning the ourrent	4.0.0				
1	2	3	4	5	6	7	8	9	10
								Paid for	NAIC
								Accrued	Designation
CUSIP				Name of	Number of			Interest and	or Market
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
Common Sto	cks - Industrial and Miscellaneous (Unaffiliated)								
464289859	ISHARES		02/23/2016	UBS	20,345.000	868,935	xxx		L
9099999 Subto	tal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)				X X X	868,935	X X X		X X X
Common Sto	ocks - Mutual Funds								
24610C857	DELAWARE GROUP EQUITY FDS II		03/23/2016	UBS	218.190	3.879	l x x x		L
743969685	PRUDENTIAL WORLD FD INC			UBS	72,516.316	1,000,000	X X X		L
9299999 Subto	tal - Common Stocks - Mutual Funds				X X X	1,003,879	X X X		X X X
	tal - Common Stocks - Part 3				X X X	1,872,814	X X X		X X X
9799998 Summ	nary Item from Part 5 for Common Stocks (N/A to Quarterly)	X X X	X X X	X X X	X X X	X X X			
	tal - Common Stocks	X X X	1,872,814	X X X		X X X			
9899999 Subto	tal - Preferred and Common Stocks	X X X	1,872,814	X X X		X X X			
9999999 Total	- Bonds, Preferred and Common Stocks	X X X	42,860,589	X X X	274,625	X X X			

				Show A	All Long	-Term B	onds and Duri	Stocks	•		d or Othe	erwise D	ispose	d of
2	3	4	5	6	7	8	9	10		-	ook/Adjusted Ca	rrying Value		16
	F								11	12	13	14	15	
	0													
	r							Prior Year			Current Year's		Total	Boo
	е							Book/	Unrealized		Other Than	Total	Foreign	Adjus

				_					<u> </u>												
1	1 2	3	4	1 5	6	7	8	9	10		Change in B	ook/Adjusted Ca	arrying Value		16	17	18	19	20	21	22
		-								11	12	13	14	15	1						
		-								''	12	13	14	15							
		0																			
		-																	L		
		r							Prior Year			Current Year's		Total	Book/				Bond Interest/		
		١,							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
		6							DUUK/	Ulliealized		Other man	Total	Foreign	Aujusteu	•			Stock	Stateu	INAIC
		l i			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractua	Designation
		1					_		•				1 -		, , ,	•					1
CUSIP		l g	Disposa	Il Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	l n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
luentinoation	Description	- 11	Date	Fulcilasei	UI SLUCK	Consideration	value	CUSI	value	(Decrease)	Accietion	Recognized	(11 + 12 - 13)	D./A.C.V.	Date	UII Dispusai	UII Dispusai	UII Dispusai	Dulling Teal	Date	inuicator (a)
Bonde II	J.S. Governments																				
I																					
36296DJ82	GNMA PASS-THRU X SINGLE FAMILY .		03/15/201	6 PRINCIPAL RECEIPT	XXX	1,291	1.291	1.353	1.344		(53)		(53)		1.291		l		6	10/15/2023	11
36296JCV5 .	GNMA PASS-THRU X SINGLE FAMILY .		03/15/201	6 PRINCIPAL RECEIPT	XXX	3.623	3.623	3.743	3.739		(117)		(117)		3.623				15	08/15/2039	1
36297FSV5 .	GNMA PASS-THRU X SINGLE FAMILY .		03/15/201		XXX	2.555	2.555	2.657	2.622		(68)		(68)		2.555				5	08/15/2024	11
38378ND91 .	GNMA REMIC TRUST		03/16/201		XXX	16.809	16.809	16.972	16.979		(170)		(170)		16.809				22	08/16/2039	1
						2.388	2.388	2.412	2.405		(17)		(170)		2.388						
38373SW78 .	GNMA REMIC TRUST 2003-35		03/16/201		XXX						1		(17)						/	03/16/2033	1
38373MR51 .	GNMA REMIC TRUST 2008-14		03/16/201		XXX	39,612	39,612	41,465	41,034		(1,422)		1 (1,422)		39,612				1/6	12/16/2042	1
38377JDZ3	GNMA REMIC TRUST 2010-109		03/21/201		XXX	30,844	30,844	31,837	31,502		(658)		(658)		30,844				71	12/20/2037	1
38377KCH1 .	GNMA REMIC TRUST 2010-114		03/21/201		XXX	17,795	17,795	18,390			(595)		(595)		17,795					03/20/2039	[1
38377JZM8 .	GNMA REMIC TRUST 2010-125		03/21/201	6 PRINCIPAL RECEIPT	XXX	7,445	7,445	7,684	7,527	[(82)		(82)		7,445		[l		22	04/20/2039	[1
38377MH82 .	GNMA REMIC TRUST 2010-147	l	03/21/201	6 PRINCIPAL RECEIPT	XXX	33,297	33,297	34,160	34,126	1	(829)		(829)		33,297		1		75	05/20/2040	11
38376YXA4 .	GNMA REMIC TRUST 2010-43	L.i	03/21/201		XXX	90.487	90,487	93,089	93,033	1	(2,546)	1	(2.546)	1	90,487		1	l	214	02/20/2039	11
38377JPQ0 .	GNMA REMIC TRUST 2010-98	1	03/21/201		XXX	6,703	6,703			I	(359)	1	(359)		6,703				26	09/20/2021	14
38378BEF2 .	GNMA REMIC TRUST 2010-96		03/21/201			178,558	178.558	178.670	178,677	1	(339)	1	1 1111		178,558				1	10/16/2038	[
38375CWQ9	GNMA REMIC TRUST 2012-26		03/16/201		l	12,194	170,556	176,670	176,677		(481)		(119)		1				1	07/20/2039	[
													(481)						31		[]
38378EP23 .	GNMA REMIC TRUST 2012-61		03/21/201		XXX	26,178	26,178	26,375			(196)		(196)		26,178					04/20/2039	11
38378J2R2	GNMA REMIC TRUST 2013-41		03/21/201		XXX	45,910	45,910	45,451	45,479				431		45,910				68	01/20/2041	[1
38378KGG8 .	GNMA REMIC TRUST 2013-52		03/16/201		XXX	17,203	17,202	16,858	16,873		330		330		17,203				17	06/16/2038	[1
38378KHD4 .	GNMA REMIC TRUST 2013-55		03/16/201	6 PRINCIPAL RECEIPT	XXX	105,265	105,265	104,015	104,060		1,205		1,205		105,265				163	12/16/2042	1
38379KEU8 .	GNMA REMIC TRUST 2015-33		03/16/201	6 PRINCIPAL RECEIPT	XXX	17,424	17.424	17.729	17.792		(369)		(369)		17.424				39	02/16/2045	1
	GNMA REMIC TRUST 2015-36		03/16/201		XXX	72,435	72,435	73.974	73,970		(1.536)		(1.536)		72.435				146	01/16/2040	1
	SMALL BUSINESS ADMIN GTD PTNCT .			6 CALLED @ 100.0000000	XXX	35,033	35,033	36,910	35,033		(1,000)		(1,000)		35,033				637	09/10/2023	1
			00/11/201	0 0712223 @ 100.0000000																	
0599999 Subto	otal - Bonds - U.S. Governments				XXX	763,049	763,048	774,125	725,933		(7,651)		(7,651)		763,049				1,760	XXX.	XXX.
Bonde II	J.S. States, Territories and P	0000	occiona	.																	1 1
I	· · · · · · · · · · · · · · · · · · ·	USS	l .																		1 1
	MONTANA ST		03/28/201		XXX	144,041	125,000	141,721	139,891		(754)		(754)		139,137		4,904	4,904	5,052	07/15/2026	
	WASHINGTON ST	l	03/28/201		XXX	148,963	125,000	148,063	147,651	[(852)	1	(852)		146,800		2,163	2,163	4,167	02/01/2024	
	otal - Bonds - U.S. States. Territories and Pos	coccio			xxx	293.004	250.000	289,784	287,542		(1,606)		(1,606)		285,937		7,067	7,067	9,219	XXX.	xxx.
17 33 33 3 3 4 1 10	Tidi - Donus - O.S. States, Territories and Fos			• • • • • • • • • • • • • • • • • • • •	۸۸۸	233,004	230,000	205,704	201,042		(1,000)		(1,000)		203,331					^^^	^^^
Bonds - U	J.S. Political Subdivisions of	f Sta	tes. Te	rritories and Possessi	ons																1 1
	CYPRESS-FAIRBANKS TEX INDPT SC .	1		6 CALLED @ 100.0000000	xxx	360.000	360.000	367.096	360.721		(704)		(704)		360.000				8.550	02/15/2030	1FE
											(721)		(721)								
	CYPRESS-FAIRBANKS TEX INDPT SC .			6 CALLED @ 100.0000000	XXX	140,000	140,000	142,760	140,280		(280)		(280)		140,000				3,325	02/15/2030	
	HARRIS CNTY TEX		01/21/201		XXX	442,281	350,000	432,982	432,687		(421)		(421)		432,266		10,015	10,015	3,354	10/01/2026	
486063AM2 .	KATY TEX INDPT SCH DIST		02/16/201	6 CALLED @ 100.0000000	XXX	500,000	500,000	546,235	501,883		(1,883)		(1,883)		500,000				10,625	02/15/2025	1FE
2499999 Subto	otal - Bonds - U.S. Political Subdivisions of Sta	ates, T	erritories a	nd Possessions	XXX	1,442,281	1,350,000	1,489,073	1,435,571		(3,305)		(3,305)		1,432,266		10,015	10,015	25,854	XXX.	XXX.
		-		•		1 1					,,		1					,			
Rouds - C	Į.S. Special Revenue, Specią	al As	sessm	ent															1		
040688HP1	ARIZONA WTR INFRASTRUCTURE FIN		03/28/201	6 UBS	xxx	110.105	100.000	107.000	103.729	1	(140)		(1/10)		103.589		6 516	6 516	2.500	10/01/2021	1FE
3134G66P3 .	FEDERAL HOME LN MTG CORP	1		6 CALLED @ 100.0000000		2.000.000	2.000.000	1.999.000	1.999.557		202		202		1.999.759		2/4	2/11	5.625	06/17/2020	11
3134G7UZ2 .	FEDERAL HOME LN MTG CORP		03/17/201			1.000.000	1,000,000	1,999,000	1.000.000	1	1	1	1 202		1.000.000				5.000	09/30/2020	14
212400007	FEDERAL HOME LN MTG CORP		03/30/201			2.000,000	2,000,000	2.000,000	2.000,000	l					2.000,000				5,000		[
3134G8F87 .					XXX															12/30/2020	1
3134G8FY0 .	FEDERAL HOME LN MTG CORP		03/30/201		XXX	2,000,000	2,000,000	2,000,000	2,000,000						2,000,000				5,625	12/30/2020	1
3128PES33 .	FHLMC PC GOLD 15 YR		03/15/201		XXX	451	451	483	452		[(1)		(1)		451				3	08/01/2016	1
3128PNCH9 .	FHLMC PC GOLD 15 YR		03/15/201		XXX	1,018	1,018	1,045	1,044		(26)		(26)		1,018				5	06/01/2024	[1
31335HVE0 .	FHLMC PC GOLD CASH 20		03/15/201		XXX	567	567	604	551		16		16		567				2	01/01/2023	1
31283KWN4 .	FHLMC PC GOLD COMB 15		03/15/201	6 PRINCIPAL RECEIPT	XXX	2,737	2,737	2,769	2,750		[(13)		(13)		2,737				12	04/01/2019	1
	FHLMC PC GOLD COMB 15	l	03/15/201	6 PRINCIPAL RECEIPT	XXX	2,115	2.115	2.167	2.164	l	(49)	1	1(49)	L	2.115		1		1	06/01/2024	11
3128MMKX0	FHLMC PC GOLD COMB 15	1	03/15/201		XXX	1.372	1.372	1.408	1.407	1	(35)	1	(35)	1	1.372		1		5	05/01/2024	11
3128KQD78 .	FHLMC PC GOLD COMB 30	l	03/15/201		XXX	1.618	1,618	1.696	1,705	1	(87)	1	(87)	1	1.618				,	05/01/2037	11
31297H4M8 .	FHLMC PC GOLD COMB 30		03/15/201			3.812	3.812	3.890	3.891	l	(90)		(90)		3.812				١	02/01/2035	[4
31297H4M6 .	FHLMC PC GOLD COMB 30		03/15/201		l	123		3,090			(00)		(00)		123				1	11/01/2035	14
								120			(400)		(4)						1		
31394GU92 .	FHLMC REMIC SERIES 2666		03/15/201		XXX	3,903	3,903	4,15/	4,091		[(188)		1(188)		3,903				· · · · · · · · · · · · · · · · · · ·	08/15/2023	[]
31395AX83 .	FHLMC REMIC SERIES 2829		03/15/201		XXX	11,555	11,555	12,244	11,732		(177)		[(1/7)		11,555				45	07/15/2019	[]
31398QPP6 .	FHLMC REMIC SERIES 3679		03/15/201		XXX	48,051	48,051	49,492	49,336		(1,285)		(1,285)		48,051				125	05/15/2020	[1
3137A5ZA5 .	FHLMC REMIC SERIES 3796		03/15/201		XXX	36,662	36,662	36,639			23		23		36,662				31	06/15/2039	[1
3137A8L89	FHLMC REMIC SERIES 3819		03/15/201	6 PRINCIPAL RECEIPT	XXX	5,008	5,008	5,105	5,056		(48)		(48)		5,008				10	11/15/2018	11
3137AAGA5 .	FHLMC REMIC SERIES 3857	l	03/15/201		XXX	81,883	81,883	84,596	84,643	1	(48)		(2,759)		81,883				195	05/15/2040	[1
3137AEGA7 .	FHLMC REMIC SERIES 3903	l	03/15/201		XXX	50,671	50,671	51,621	51,616	l	(945)	1	(945)	1	50,671				1 101	03/15/2041	11
3137AH4V7	FHLMC REMIC SERIES 3936	l	03/15/201		XXX	11,536	11.536	11,507	11,517		10	1	10		11.536				1/1	03/15/2026	1
	FHLMC REMIC SERIES 3944		03/15/201			6,658	6,658	6,745	6,676	l	(12)		/12\		6,658				14	07/15/2020	1
	FHLMC REMIC SERIES 3944			6 PRINCIPAL RECEIPT		31,703	31,703	32,070	32,040	1	(337)	1			31,703				50	10/15/2038	1
				6 PRINCIPAL RECEIPT		42.765	42.765	44.609											128		
313/AL138 .	FHLMC REMIC SERIES 3996	1	03/13/201	FRINCIPAL RECEIPT	۸۸۸	42,765	42,705	44,009	44,501		(1,736)		(1,736)		42,765				1128	11/15/2038	1

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

During the Current Quarter

							Duri	ng the C	urrent (zuarter										
1	2 3	4	5	6	7	8	9	10		Change in B	ook/Adjusted Ca	rrying Value		16	17	18	19	20	21	22
	F								11	12	13	14	15							
								Diany			0		T-4-1	D1/				D		
								Prior Year			Current Year's		Total	Book/				Bond Interest/		
	e							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
	i			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	Designation
CUSIP	g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	1 1 2	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
3137APKC3	FHLMC REMIC SERIES 4030	03/15/2016		XXX	7,522	7,522	7,560	7,545	(20010000)	(23)	rtooogriizou	(23)	D.,7 (.O. V.	7,522	on Diopodai	On Biopodai			02/15/2041	1
3137AQXM5 .	FHLMC REMIC SERIES 4058	03/15/2016		XXX	26,862	26,862	28,121	28,056		(1,195)		(1,195)		26,862				70	08/15/2030	1
3137AWB95 .	FHLMC REMIC SERIES 4135	03/15/2016		XXX	8,754	8,754	8,783	8,777		(23)		(23)		8,754				10	11/15/2027	1
3137B2ZH6 . 3137BCZ50 .	FHLMC REMIC SERIES 4221	03/15/2016		XXX	48,256	48,256	48,482	48,435		(179)		(179)		48,256				54	07/15/2023	1
3137BCZ50 .	FHLMC REMIC SERIES 4379	03/15/2016		XXX	27.502	82,904	83,150 28,286	83,146		(242)		(242)		28,279		(777)	(777)	101	10/15/2038 01/01/2036	1FE
31402BXE9 .	FNMA PASS-THRU INT 15 YEAR	03/28/2016			1.782	1.782	1.833	1.800		(18)		(18)		1.782					08/01/2018	1
31402RA41 .	FNMA PASS-THRU INT 15 YEAR	03/28/2016		XXX	2,340	2,340	2,330	2,336		4		4		2,340				11	12/01/2018	1
31410FWM3 .	FNMA PASS-THRU INT 15 YEAR	03/28/2016		XXX	2,148	2,148	2,234	2,192		(44)		(44)		2,148				9	05/01/2021	1
31414R7J8 31416RTG8 .	FNMA PASS-THRU INT 15 YEAR FNMA PASS-THRU INT 15 YEAR	03/28/2016		XXX						(17)		(17)		435		1			04/01/2023 06/01/2024	1
31416KTG8 .	FNMA PASS-THRU INT 15 YEAR	03/28/2016		xxx	2,145	2,145	2,147	2,147		(2)		(2)		2,145		1		12	08/01/2024	1
31371KSH5 .	FNMA PASS-THRU INT 20 YEAR	03/28/2016			2,226	2,226	2,432	2,431		(49)		(49)		2,226					07/01/2022	1
31371LHE2 .	FNMA PASS-THRU INT 20 YEAR	03/28/2016	PRINCIPAL RECEIPT	XXX	2,322	2,322	2,329	2,327		(5)		(5)		2,322				10	12/01/2023	1
31371MBN6 .	FNMA PASS-THRU INT 20 YEAR	03/28/2016		XXX	1,302	1,302	1,456	1,285		17		17		1,302				6	05/01/2025	1
31371NU45 . 31371LCD9 .	FNMA PASS-THRU INT 20 YEAR FNMA PASS-THRU LNG 30 YEAR	03/28/2016 03/28/2016		XXX	915 1.246					(24)		5		1 242				4	05/01/2028 09/01/2033	1 1
31402CVZ2 .	FNMA PASS-THRU LNG 30 YEAR	03/28/2016		l xxx	3.634	3.634	3 717	3 726		(92)		(92)		3.634				14	03/01/2034	1
31402DMP2 .	FNMA PASS-THRU LNG 30 YEAR	03/28/2016	PRINCIPAL RECEIPT	XXX	2,071	2,071	2,103	2,109		(38)		(38)		2,071				8	09/01/2034	1
31403C6L0	FNMA PASS-THRU LNG 30 YEAR	03/28/2016		XXX	1,784	1,784	1,827	1,833		(49)		(49)		1,784				7	02/01/2036	1
31403DDX4 .	FNMA PASS-THRU LNG 30 YEAR	03/28/2016		XXX	1,735	1,735	1,817	1,828		(93)		(93)		1,735				8	04/01/2036	1
31414PZM4 . 31416RFA6 .	FNMA PASS-THRU LNG 30 YEAR FNMA PASS-THRU LNG 30 YEAR	03/28/2016 03/28/2016		XXX	220					(3)		(3)						1	03/01/2038 01/01/2034	1
31412QWA3 .	FNMA PASS-THRU SHRT 10 YEAR	03/28/2016		XXX	2.506	2.506	2.588	2.549		(42)		(42)		2.506				8	12/01/2019	1
31418AXG8 .	FNMA PASS-THRU SHRT 10 YEAR	03/28/2016	PRINCIPAL RECEIPT	XXX	46,160	46,160	48,223	48,090		(1,930)		(1,930)		46,160				107	09/01/2023	1
31396QZS1 .	FNMA REMIC TRUST 2009-70	03/28/2016		XXX	2,833	2,833	2,859	2,844		(10)		(10)		2,833				7	08/25/2019	1
3136A1BN4 . 31397SZ80	FNMA REMIC TRUST 2011-103	03/28/2016		XXX	22,320	22,320	22,934	22,780		(459)		(459)		22,320					11/25/2029 01/25/2028	1
31397QKB3 .	FNMA REMIC TRUST 2011-37	03/28/2016			4.564	4.564	4.963	4.669		(105)		(105)		4.564				15	12/25/2023	1 1
3136A9AZ1 .	FNMA REMIC TRUST 2012-106	03/28/2016		XXX	6,807	6,807	6,876	6,891		(84)		(84)		6,807					06/25/2042	1
3136A4E88 .	FNMA REMIC TRUST 2012-17	03/28/2016		XXX	9,617	9,617	9,659	9,638		(21)		(21)		9,617				13	07/25/2039	1
3136AFDX9 .	FNMA REMIC TRUST 2013-72	03/28/2016		XXX	39,569	39,569	40,194	20.004		(624)		(624)		39,569					11/25/2042	1
3136AH7E4 . 3136AH2M1 .	FNMA REMIC TRUST 2014-21 FNMA REMIC TRUST 2014-3	03/28/2016		XXX	38,410 11.016	38,410	38,662	38,624		(213)		(213)		38,410				12	04/25/2029 06/25/2043	1 1
649870LV2	NEW YORK ST HSG FIN AGY ST PER		MATURITY	XXX	50,000	50,000	50,000	50,000				(133)		50,000				1,071	03/15/2016	1FE
684515QB8 .	ORANGE CNTY FLA SALES TAX REV	01/22/2016	B UBS	XXX	696,784	590,000	669,779	665,849		(677)		(677)		665,171		31,613	31,613	16,881	01/01/2029	1FE
3199999 Subto	otal - Bonds - U.S. Special Revenue, Special Asses	sment		XXX	8,678,956	8,562,067	8,666,903	8,540,152		(15,112)		(15,112)		8,641,363		37,593	37,593	43,561	XXX.	XXX.
Ronds - I	ndustrial and Miscellaneous (Un	affiliate	q)																	
15200MAA5 .	CENTERPOINT ENERGY COMP 2008-3	02/01/2016	1/	xxx	16.703	16,703	17.411	16,802		(00)		(00)		16,703					02/01/2020	1FE
17275RAC6 .	CISCO SYS INC	02/01/2016		XXX	150,000	150,000	17,411	15,802		(658)		(99)		150,000	1	1		4,125	02/01/2020	1FE
	otal - Bonds - Industrial and Miscellaneous (Unaffilia			XXX	166,703	166,703	191,591	167,460		(757)		(757)		166,703				4,125	XXX.	XXX.
	· · · · · · · · · · · · · · · · · · ·			XXX	11.343.993	11.091.818	11,411,476	11.156.658		(28,431)		(28,431)		11,289,318		54,675	54.675	84,519	XXX .	XXX .
	mary Item from Part 5 for Bonds (N/A to Quarterly)			XXX	XXX	XXX	XXX	X X X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .	XXX .
8399999 Subto	, ,,,			XXX	11,343,993	11,091,818	11,411,476	11,156,658		(28,431)		(28,431)		11,289,318		54,675	54,675	84,519	XXX .	XXX .
	mary Item from Part 5 for Preferred Stocks (N/A to C	Quartorly		XXX	X X X	XXX	XXX	XXX	XXX	XXX	XXX	X X X	XXX	X X X	XXX	XXX	XXX	XXX	XXX.	XXX.
	Stocks - Mutual Funds	additionly)		۸۸۸	۸۸۸	۸۸۸	۸۸۸	۸۸۸	۸۸۸	۸۸۸	۸۸۸	۸۸۸	۸۸۸	۸۸۸	۸۸۸	^^^	۸۸۸	۸۸۸	۸۸۸.	^^^
466001864	IVY FDS INC	02/22/2016		42,533.495	900,434	xxx	1,092,858	942,968	149,890			149,890		1,092,858		(192,424)	(192,424)		XXX.	Ļ
683924401	OPPENHEIMER GLOBAL FD	02/22/2016	3 UBS	14,272.608	953,980	XXX	1,130,372	1,073,015	57,357			57,357		1,130,372		(176,391)	(176,391)		XXX .	L
	otal - Common Stocks - Mutual Funds otal - Common Stocks - Part 4			XXX	1,854,414	XXX	2,223,230	2,015,983	207,247			207,247		2,223,230		(368,815)	(368,815)		XXX .	XXX.
		Quartari d			/ /		X X X	77	XXX	· · · · · · · · · · · · · · · · · · ·	V V V		· · · · · · · · · · · · · · · · · · ·	X X X		(,,	,	·····		
	mary Item from Part 5 for Common Stocks (N/A to C	лиацецу)		XXX	XXX	XXX		XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX .	XXX.
	otal - Common Stocks			XXX	1,854,414	XXX	2,223,230	2,015,983	207,247			207,247		2,223,230		(368,815)	(368,815)		XXX.	XXX.
	otal - Preferred and Common Stocks			XXX	1,854,414	XXX	2,223,230	2,015,983	207,247	(00.404)		207,247		2,223,230		(368,815)	(368,815)		XXX .	XXX.
9999999 Total	- Bonds, Preferred and Common Stocks			XXX	13,198,407	XXX	13,634,706	13,172,641	207,247	(28,431)		178,816		13,512,548		(314,140)	(314,140)	84,519	XXX.	XXX.

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1
E07 Schedule DB Part B Section 1
E08 Schedule DB Part D Section 1NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH Month End Depository Balances

MONUTE END DEPOSITORY BAILANCES									
1		2	3	4	5	Book Balance at End of Each Month			9
				Amount	Amount of	During Current Quarter			
				of Interest	Interest	6	7	8	
				Received	Accrued				
				During	at Current				
			Rate of	Current	Statement	First	Second	Third	
Depository		Code	Interest	Quarter	Date	Month	Month	Month	*
open depositories									
	Concentration Account					. 237,546,119 21,092,440			
0199998 Deposits in	O depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - open depositories		XXX	X X X						XXX
0199999 Totals - Open Depositories		XXX	X X X			. 258,638,559	. 218,644,239	. 169,937,020	XXX
0299998 Deposits in0 depositories that do not exceed the									
allowable limit in any one depository (see Instructions) - suspended									
depositories		XXX	X X X						XXX
0299999 Totals - Suspended Depositories		XXX	X X X						XXX
0399999 Total Cash On Deposit		XXX	X X X			. 258,638,559	. 218,644,239	. 169,937,020	XXX
0499999 Cash in Company's Office		XXX	X X X	. X X X .	X X X				XXX
0599999 Total Cash		XXX	X X X			. 258,638,559	. 218,644,239	. 169,937,020	XXX
						,,	-,,	,,	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Sr	iow Investments Owned	d End of Current Q	luarter				
1	2	3	4	5	6	7	8
						Amount of	
		Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
8699999 Total - Cash Equivalents							



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code: 4640 NAIC Company Code: 52563

	·	Individual	Coverage	Group Coverage		5
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
1.	Premiums Collected	716,189	X X X		X X X	716,189
2.	Earned Premiums	716,189	X X X		X X X	X X X
3.	Claims Paid					
4.	Claims Incurred	1,207,437	X X X		X X X	X X X
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims					
	Paid Net of Reimbursements Applied (a)	X X X	1,370,673	X X X		1,370,673
6.	Aggregate Policy Reserves - change		X X X		X X X	X X X
7.	Expenses Paid					
8.	Expenses Incurred		X X X		X X X	X X X
9.	Underwriting Gain or Loss	(491,248)	X X X		X X X	X X X
10.	Cash Flow Results	X X X	X X X	X X X	X X X	(2,698,846)

⁽a) Uninsured Receivable/Payable with CMS at End of Quarter: \$......8,726,098 due from CMS or \$.............0 due to CMS

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